

FILED

JUL - 9 2008

RICHARD W. WIERING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

*Bloodsaw Theopha*  
Plaintiff,  
*et al.*

vs.

*Sayre Michael*  
*Malo-clines Cheryl*  
*Jain Bhawna*  
Defendant.

08 CASE NO. 3315

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

JE

(PR)

I, Bloodsaw T., declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received. (If you are imprisoned, specify the last place of  
2 employment prior to imprisonment.)

3 In the year of 2000 at San Quentin State Pr-  
4 ison I had no pay number. Prior to that I'm disa-  
5 ble and homeless (ADA).

6 2. Have you received, within the past twelve (12) months, any money from any of the following  
7 sources:

- 8 a. Business, Profession or Yes \_\_\_ No ☒  
9 self employment
- 10 b. Income from stocks, bonds, Yes ☒ No \_\_\_  
11 or royalties?
- 12 c. Rent payments? Yes \_\_\_ No ☒
- 13 d. Pensions, annuities, or Yes \_\_\_ No ☒  
14 life insurance payments?
- 15 e. Federal or State welfare payments, Yes \_\_\_ No ☒  
16 Social Security or other govern-  
17 ment source?

18 If the answer is "yes" to any of the above, describe each source of money and state the amount  
19 received from each.

20 \$13.00 From my Aunt on 1-14-08 Serial No.  
21 200479669335

22 3. Are you married? Yes \_\_\_ No ☒

23 Spouse's Full Name: \_\_\_\_\_

24 Spouse's Place of Employment: \_\_\_\_\_

25 Spouse's Monthly Salary, Wages or Income:

26 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

27 4. a. List amount you contribute to your spouse's support : \$ N/A

28 b. List the persons other than your spouse who are dependent upon you for support

PRIS. APPLIC. TO PROC. IN FORMA

1 and indicate how much you contribute toward their support. (NOTE: For minor  
 2 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

3 N/A

4  
 5 5. Do you own or are you buying a home? Yes ☐ No ☒

6 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

7 6. Do you own an automobile? Yes ☐ No ☒

8 Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

9 Is it financed? Yes ☐ No ☐ If so, Total due: \$ \_\_\_\_\_

10 Monthly Payment: \$ \_\_\_\_\_

11 7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

12 Name(s) and address(es) of bank: \_\_\_\_\_

13 \_\_\_\_\_

14 Present balance(s): \$ \_\_\_\_\_

15 Do you own any cash? Yes ☐ No ☒ Amount: \$ \_\_\_\_\_

16 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 17 market value.) Yes ☐ No ☒

18 \_\_\_\_\_

19 8. What are your monthly expenses?

20 Rent: \$ N/A Utilities: N/A

21 Food: \$ N/A Clothing: N/A

22 Charge Accounts:

23 Name of Account Monthly Payment Total Owed on This Acct.

24 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

25 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

26 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

27 9. Do you have any other debts? (List current obligations, indicating amounts and to whom  
 28 they are payable. Do not include account numbers.)

PRIS. APPLIC. TO PROC. IN FORMA

PAUPERIS, Case No. \_\_\_\_\_

1 N/A

2  
3 10. Does the complaint which you are seeking to file raise claims that have been presented in  
4 other lawsuits? Yes ☒ No ☐

5 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which  
6 they were filed.

7 CV-00752-JF-550; C 07-1442-JF-(PRI);  
8 CV-04665-JF-555; CV-04200-JF-550

9 I consent to prison officials withdrawing from my trust account and paying to the court the  
10 initial partial filing fee and all installment payments required by the court.

11 I declare under the penalty of perjury that the foregoing is true and correct and understand  
12 that a false statement herein may result in the dismissal of my claims.

13  
14 6-19-08

15 DATE

16 T. Bloodman

17 SIGNATURE OF APPLICANT  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Case Number: \_\_\_\_\_

CERTIFICATION OF FUNDS  
IN  
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Theopric Kent Bloodsaw P20045 for the last six months at Pelican Bay State Prison where he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$0.98 and the average balance in the prisoner's account each month for the most recent 6-month period was \$0.98. (20% = \$0.20)

Dated: 6/24/08

Z Clark out of Sep  
Authorized officer of the institution



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.  
ATTEST: 6-24-08  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY J. Kleppin  
TRUST OFFICE

Case Number: \_\_\_\_\_

CERTIFICATE OF FUNDS  
IN  
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of \_\_\_\_\_ for the last six months at

[prisoner name]

\_\_\_\_\_ where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ \_\_\_\_\_ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Authorized officer of the institution]

CALIFORNIA DEPARTMENT OF CORRECTIONS  
 PELICAN BAY STATE PRISON  
 INMATE TRUST ACCOUNTING SYSTEM  
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JUN. 24, 2008

ACCOUNT NUMBER : P20045

ACCOUNT NAME : BLOODSAW, THEOPRIC KENT

PRIVILEGE GROUP: C

BED/CELL NUMBER: BF08L 000000113L

ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
12/01/2007		BEGINNING BALANCE					0.00
ACTIVITY FOR 2008							
01/14	DD30	CASH DEPOSIT	2981 #138		5.85		5.85
01/15	W516	LEGAL COPY CH	3013			1.90	3.95
01/17	W512	LEGAL POSTAGE	3049			0.20	3.75
01/17	W512	LEGAL POSTAGE	3049			1.31	2.44
01/22	W513	MISC. CHARGES	3121			0.20	2.24
01/31	W919	REVERSE LEGAL	3295/3049			1.27-	3.51
01/31	W215	FEDERAL FILIN	3295 1/14			1.17	2.34
01/31	W212	FEDERAL FILIN	3295 1/14			1.17	1.17
01/31	W212	FEDERAL FILIN	3295 1/14			1.17	0.00

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
02/05/2008	H116	FEDERAL FILING FEE HOLD	3408 INI	0.30

\* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 05/13/02

COUNTY CODE: LA

CASE NUMBER: YA053506

FINE AMOUNT: \$ 250.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
12/01/2007		BEGINNING BALANCE		240.00
01/14/08	DR30	REST DED- CASH DEPOSIT	6.50-	233.50



THE WITHIN INSTRUMENT IS A CORRECT  
 COPY OF THE TRUST ACCOUNT MAINTAINED  
 BY THIS OFFICE.

ATTEST: 6-24-08  
 CALIFORNIA DEPARTMENT OF CORRECTIONS

BY J. Kleppin  
 TRUST OFFICE

PELICAN BAY STATE PRISON  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JUN. 24, 2008

ACCT: P20045 ACCT NAME: BLOODSAW, THEOPRIC KENT ACCT TYPE: I

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
\* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \*

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	5.85	5.85	0.00	0.30	0.00

THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY

TRUST OFFICE

CURRENT  
AVAILABLE  
BALANCE

0.30-



Bloodsaw Theoprice #20045  
PB5F, BF-113  
P.O. Box 7500  
Crescent City, CA 95532

Confidential  
Legal Mail

9410283661

United States District Court  
Northern District of Calif.  
Attn: Clerk  
450 Golden Gate Ave.  
San Francisco, CA 94102

PELICAN BAY STATE PRISON  
5905 Lake Earl Dr  
Crescent City CA 95532



UNITED STATES POSTAGE  
METRY BOXES  
\$ 00.590  
JUN 27 2008  
0004217666  
02 1M  
MAILED FROM ZIP CODE 95531

*[Handwritten signature]*

6-26-08

*press*  
FEB 2009

**PBSP  
INDIGENT ENVELOPES**